

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

19/721000
APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1						51	
2		1				52	
3						53	
4				1		54	
5						55	
6					1	56	
7						57	
8	1					58	
9						59	
10						60	
11						61	
12						62	
13						63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	